

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90016 020 ***158.75

DOCUMENT # P03000091895 1. Entity Name MULTINATIONAL TELECOMMUNICATIONS, INC.					
Principal Place of Business 444 BRICKELL AVE. STE 309 MIAMI FL 33131			Mailing Address 444 BRICKELL AVE. STE 309 MIAMI FL 33131		
2. Principal Place of Business 2271 S.W. 25th Terrace Suite, Apt. #, etc.		3. Mailing Address 2271 S.W. 25 Terrace Suite, Apt. #, etc.			
City & State Miami, Florida Zip Country 33133 U.S.A.		City & State Miami, Florida Zip Country 33133 U.S.A.		4. FEI Number 54-2138135 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent OSORIO, SALVADOR 444 BRICKELL AVE. STE 309 MIAMI FL 33131			7. Name and Address of New Registered Agent Name OSORIO, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 2271. S.W. 25 Terrace City Miami FL Zip Code 33133		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME OSORIO, SALVADOR STREET ADDRESS 444 BRICKELL AVE. STE 309 CITY-ST-ZIP MIAMI FL 33131	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Osorio, Salvador STREET ADDRESS 2271 S.W. 25 Terrace CITY-ST-ZIP Miami, Fl. 33133		TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Osorio, Daimary STREET ADDRESS 2271 S.W. 25 Terrace CITY-ST-ZIP Miami, Fl 33133		
TITLE D <input checked="" type="checkbox"/> Delete NAME CHUMACEIRO, LUIS STREET ADDRESS 444 BRICKELL AVE. STE 309 CITY-ST-ZIP MIAMI FL 33131	TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Gonzalez, Elisa STREET ADDRESS 2271 S.W. 25 Terrace CITY-ST-ZIP Miami, Fl. 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE D <input checked="" type="checkbox"/> Delete NAME VILLASMI, ALBERTO STREET ADDRESS 444 BRICKELL AVE. STE 309 CITY-ST-ZIP MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Salvador Osorio May 25th, 2004 (786) 200-0169					